

MDR Tracking Number: M5-04-3348-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on June 1, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The assessment was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 11-06-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 4th day of August 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division
DA/da

July 29, 2004

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IRO #: 5284

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Ph. D. with a specialty in Counseling. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The patient received over 6 months of treatment from ___ due to a recurrence of pain from a previous injury. ___ demonstrated minimal improvement with ongoing reports of emotional concerns. A referral for a psychological evaluation was recommended due to above physical and emotional concerns.

DISPUTED SERVICES

The item in dispute is the retrospective medical necessity of a psychological assessment.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

On the DPQ completed on 4-22-2003, the patient scored in the moderate range on the Social Life subscale, Anxiety/Mood subscale, and the Social Support subscale indicating significant difficulties in there areas. The patient scored in the severe range on the DPQ on 4-22-2003 on the Emotional Control subscale, Depression subscale, Interpersonal Relationships subscale, and Punishing Response subscale indicating severe difficulties in there areas. On the RSP of 10-31-2003, the patient scored in the moderate range on the Depression subscale and responded that she feels a lot like life is not worth living. On the DPQ of 10-31-2003, the patient scored in the severe range on the Emotional Control subscale and the Depression subscale. According to Issues and Ethics in the Helping Professions (1998), treatment and evaluation should not be denied to any person regardless of financial concerns, insurance limitations, or other at-risk groups. Based on there responses to questionnaires in conjunction with the lack of improvement in the patient referral for a psychological evaluation is medically necessary.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy. ___ believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,